11197P1 USw

COMBINED OATH, DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (only if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Dispenser

the specification of which has been filed on 14 February 2006 in the U.S. Patent and Trademark Office as a 371 of PCT/GB2004/003485 or U.S. Design Patent Application. (I hereby agree that the attorney on file may insert the correct filing details after execution.)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under title 35, U.S.C. §119 of any foreign application(s) for patent or inventor certificates listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application			Priority C	laimed
0319318.2	GB	16 August 2003	[X]Yes	[]No
(Number)	(Country)	(Day/Month/Year Filed)		
			[]Yes	No
(Number)	(Country)	(Day/Month/Year Filed)		

I hereby claim to benefit under 35 U.S.C. §119 (e) of any United States Provisional application(s) listed below:

İ	US Provisional Application Serial No.:	Filing Date:

I hereby claim the benefit under Title 35, U.S.C. §120 of any United States application(s) listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner

provided by the first paragraph of Title 35, U.S.C. §112, I acknowledge the duty to disclose maternal information is defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

US Patent Application:	Filing Date:	Status:

I hereby declare that all statements made herein of my own knowledge or true and that all statements made on information and belief are believed to be true; and further that these statements for made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Power of Attorney: As a named inventor, I hereby appoint

	Practitioners Associated with the	27389
X	Customer Number:	2/309
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as my/our attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from the Assignee of this application as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned.

SEND ALL CORRESPONDENCE TO: Norris, McLaughlin & Marcus PA	DIRECT TELEPHONE CALLS TO: Andrew N. Parfomak
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Inventor's Citizenship:	
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D-+ 000 - 111	
Post Office Address:	-same as residence address-
Full Name of Fourth Inventor:	
Inventor's Signature	
Date of Signature:	
Inventor's Citizenship:	·
Residence Address:	
Acsidence Address:	
Post Office Address:	
rost Office Address,	-same as residence address-

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$\lceil \mathbf{x} \rceil$	Practitioners Associated with the Customer Number:	27389
	Customer 14mmocx.	

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Date of Signature:	
Inventor's Citizenship:	
Residence Address:	
<u> </u>	· ·
Post Office Address:	-same as residence address-
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Inventor's Signature	
Date of Signature:	
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Residence Address:	
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